

PETITIONER/PLAINTIFF:  
RESPONDENT/DEFENDANT:  
OTHER PARENT:

CASE NUMBER:

**ADVISEMENT AND WAIVER OF RIGHTS FOR STIPULATION**

1. **RIGHT TO BE REPRESENTED BY A LAWYER.** I understand that I have the right to be represented by a lawyer of my choice at my expense. If I cannot afford a lawyer to represent me, I can ask the court to appoint one to represent me free of charge only if I dispute that I am the parent of the children named in this action and only on the issue of parentage. I understand that the attorney for the local child support agency does not represent me.
2. **RIGHT TO A TRIAL.** I understand that I have a right to have a judicial officer: (a) determine if I am the parent of the children named in the stipulation, (b) decide how much child support I must pay, and (c) decide how much (unpaid support) I owe for arrearage.
3. **RIGHT TO CONFRONT AND CROSS-EXAMINE WITNESSES.** I understand that in a trial any allegations made against me must be proved. At the trial I may be present with a lawyer when witnesses testify, and I may ask them questions. I may also present evidence.
4. **RIGHT TO HAVE PARENTAGE TESTS WHERE THE LAW PERMITS.** I understand that, where the law permits, I have the right to have the court order parentage tests. The court will decide on the tests. The court could order that I pay none, some, or all of the costs of the tests.
5. **ADMISSION AND WAIVER OF RIGHTS.** I understand that by agreeing to the terms of the order or judgment, I am admitting that I am the parent of the children named in the stipulation and I am giving up the rights stated above.
6. **WHERE THE STIPULATION INCLUDES CHILD SUPPORT.**
  - a. I understand that I will have the duty to obey the support order for the children named in the stipulation until the order is changed by the court or ended by law.
  - b. I also understand that the court will order any support payments to be paid directly from my wages or other earnings and sent to the local child support agency if they are assigned to collect the support.
  - c. I have been advised of the amount of guideline child support and how the proposed child support amount was determined.
7. **WHERE THE STIPULATION INCLUDES A PROVISION FOR HEALTH INSURANCE.** I understand that I must keep health insurance coverage for the minor children if insurance is available, or becomes available, to me at no or reasonable cost. A health insurance coverage assignment/*National Medical Support Notice* may be ordered to get health insurance for my children.
8. I agree to the terms of this order or judgment freely and voluntarily.
9. I understand that the local child support agency is required by state law to enforce the duty of support.
10. **I UNDERSTAND THAT IF I WILLFULLY FAIL TO SUPPORT MY CHILDREN, CRIMINAL PROCEEDINGS MAY BE INITIATED AGAINST ME.**
11. **COLLECTION OF SUPPORT.** I understand that any support I owe may be collected from any of my property. This collection may be made by intercepting money owed to me by the state or federal government (such as tax refunds, unemployment and disability benefits, and lottery winnings), by taking property I own, by placing a lien on my property, or by any other lawful means.
12. **IF I AM REPRESENTED BY AN ATTORNEY, MY ATTORNEY HAS READ AND EXPLAINED TO ME THE TERMS OF THE ORDER OR JUDGMENT AND THIS ADVISEMENT AND WAIVER OF RIGHTS, AND I UNDERSTAND THESE TERMS.**

☐ I have read and understand the *Advisement and Waiver of Rights for Stipulation*; or

☐ Attached is a translation of this *Advisement* in (specify language):

☐ I understand the translation.

Date:

(TYPE OR PRINT NAME)

(PARTY'S SIGNATURE)

**INTERPRETER'S DECLARATION:** The above-named party is unable to read or understand this *Advisement* because

☐ his or her primary language is (specify):

☐ Other (Specify):

I certify under penalty of perjury under the laws of the State of California that I have, to the best of my ability, read or translated for the above-named party the *Minutes and/or Order or Judgment and Advisement and Waiver of Rights for Stipulation*. The above-named party said he or she understood the terms of the order or judgment before signing it.

Date:

(TYPE OR PRINT NAME OF INTERPRETER)

(INTERPRETER'S SIGNATURE)